

# VARIATION APPLICATION

New Jersey Department of Community Affairs  
Carnival Amusement Ride Safety Division  
PO Box 808--101 South Broad Street  
Trenton, N.J. 08625-0808  
609-292-2097--FAX 609-984-7084  
N.J.A.C. 5:14A-2.16

## OFFICE USE ONLY

DATE APPLICATION RECEIVED		RECEIVED BY	
ENGINEER REVIEWING VARIATION			
VARIATION NUMBER		DISPOSITION OF VARIATION	
COMMENTS			

OWNER / MANUFACTURERS NAME							
ADDRESS							
CITY		COUNTY		ZIP			
RIDE FOR WHICH VARIATION IS REQUESTED							
LOCATION OF RIDE							
RIDE CLASS			N.J. I.D.#		TYPE CERT. OR INDIVIDUAL APPROVAL#		
MANUFACTURER					MFG. SERIAL #		
SECTION OF CARNIVAL AMUSEMENT RIDE ACT FOR WHICH VARIATION IS REQUESTED							
REQUIREMENT FROM WHICH VARIATION IS SOUGHT							
MANNER IN WHICH STRICT COMPLIANCE WOULD RESULT IN PRACTICAL DIFFICULTIES							
PROPOSED ALTERNATIVE TO REQUIREMENTS. Include drawings and engineering calculations when applicable.							
LIST OF ATTACHED DOCUMENTATION PROVING THAT THE VARIATION WILL NOT CREATE A LESS SAFE CONDITION.							
SIGNATURE AND TITLE OF AUTHORIZED AGENT							
DCACAR-var-(12-01-03)							

# Variation Application Instructions

New Jersey Department of Community Affairs  
Carnival Amusement Ride Safety Unit  
PO Box 808—101 South Broad Street  
Trenton, N.J. 08625-0808  
609-292-2097-- FAX 609-984-7084

## N.J.A.C. 5:14A Subsection 2.16

Variation No., Disposition, Date Filed, Variation Reviewer will be filled by the Unit.

Owner Name & Address: The person who owns the ride.

Manufacturers Name & Address: The manufacturer of the ride if manufacturer is applying for variance

Ride Name: The name of the ride that you used when applying for a permit or type certification and, if different, the name given to the ride by the manufacturer.

Ride Location: Address if different from above. If Carnival, and variation request is site

Specific as opposed to ride specific; provide locations where variation will be required.

Ride Class: **S** for Super, **A** for Adult, **K** for Kiddie or **I** for Inflatable

N.J. Serial Number: Take this 5 digit number from the plate supplied by the department.

Type Certification or Individual Approval Number from your permit or records.

If variation requires modification to ride, manufacturer must be notified in writing and any recommendations shall be supplied along with this application.

Significant changes to the ride will require a Supplemental Modification Certification application or an Amended Type Certification Application be submitted along with this variation.

Section of Carnival Amusement Ride Act, example: N.J.A.C. 5:14-1.7 (i) 2.

1. Requirements from which variation is sought:  
Provide a statement describing only the provisions from which variation is being sought.
2. Manner in which strict compliance would result in practical difficulties:  
Provide a statement describing how strict compliance would cause a hardship, such hazardous or inconvenient conditions, require unreasonable modifications, or destroy the historic character of the ride etc.
3. Proposed alternative to requirements:  
Provide a statement as to how the spirit of the requirement can be met in a different way, or how the specific requirement does not apply to this ride, or how the specific safety issue is being addressed in another way.
4. Documentation that the variation will not create a less safe condition.

Signature and title of authorized agent. The person authorized by the owner to file this application must sign here.